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By: Delegates Nathan-Pulliam, V. Turner, Benson, Carter, Griffith, Haynes, Murray, Oaks, Patterson, and Taylor Taylor, Hurson, Hammen, Boutin, Bromwell, Costa, Donoghue, Elliott, Goldwater, Hubbard, Mandel, McDonough, Morhaim, Pendergrass, Rosenberg, Rudolph, Smigiel, and Weldon

Introduced and read first time: February 7, 2003  
Assigned to: Health and Government Operations

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Committee Report: Favorable with amendments  
House action: Adopted  
Read second time: March 21, 2003

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CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Care Services Disparities Program ~~Required Education for~~**  
3 **~~Practitioners and Coordination of Services~~ Prevention Act**

4 FOR the purpose of ~~requiring~~ declaring the intent of the General Assembly;  
5 authorizing certain institutions of higher education in the State to include  
6 certain courses in the curriculum or offer special seminars using the findings of  
7 certain reports; requiring the courses or special seminars to address the issue of  
8 health care services disparities of certain minority populations with cultural  
9 competence, sensitivity, and health literacy; ~~requiring certain institutions of~~  
10 ~~higher education to develop and implement certain courses or offer special~~  
11 ~~seminars by a certain date; requiring certain health care professionals to take a~~  
12 ~~certain class or seminar addressing a certain issue within a certain time period;~~  
13 ~~requiring certain health care professionals to provide certain documentation~~  
14 ~~from a certain entity to a certain licensing entity;~~ requiring the Department of  
15 Health and Mental Hygiene in consultation with the Maryland Healthcare  
16 Foundation, to develop and implement a ~~certain coordinated program delivery~~  
17 system plan to reduce health care disparities ~~among certain entities;~~ requiring  
18 the ~~coordinated program delivery system to meet certain criteria;~~ requiring the  
19 ~~Department to implement a certain coordinated program delivery system plan~~  
20 to include certain recommendations; requiring the Department and certain  
21 entities to examine certain continuing education requirements and make certain  
22 determinations by a certain date; requiring the Department to submit certain  
23 reports to certain entities by certain dates; ~~requiring~~ authorizing a hospital with  
24 a certain program to require certain personnel to take a certain course ~~at least~~

1 ~~once each year; requiring a hospital's course addressing a certain topic to follow~~  
2 ~~the guidelines of certain organizations; providing for the termination of certain~~  
3 ~~provisions of this Act; and generally relating to required courses and a delivery~~  
4 ~~system related to health care services disparities.~~

5 BY adding to

6 Article - Health - General

7 Section 20-801 through ~~20-803~~ 20-804, inclusive, to be under the new subtitle

8 "Subtitle 8. Health Care Services Disparities Prevention"

9 Annotated Code of Maryland

10 (2000 Replacement Volume and 2002 Supplement)

11 Preamble

12 WHEREAS, A large body of published research reports that racial and ethnic  
13 minorities experience a lower quality of health care services and are less likely to  
14 receive even routine medical procedures relative to white Americans; and

15 WHEREAS, Racial and ethnic disparities in health care are, with few  
16 exceptions, remarkably consistent across a range of illnesses and health care services  
17 even after adjustment for socioeconomic differences; and

18 WHEREAS, The health gap between minority and nonminority Americans has  
19 persisted, and in some cases, increased in recent years and is confounded by the  
20 disproportionate representation of minorities in the lower socioeconomic tiers; and

21 WHEREAS, Research suggests that health care providers' diagnostic and  
22 treatment decisions, as well as their feelings about patients, are influenced by  
23 patients' race or ethnicity; and

24 WHEREAS, Health care providers may not recognize manifestations of  
25 prejudice in their own behavior; and

26 WHEREAS, Education programs regarding cultural competence, sensitivity,  
27 and health literacy should be integrated early into the training of future health care  
28 providers, and practical, case-based, rigorously evaluated training should persist  
29 through continuing education programs for practitioners; and

30 WHEREAS, Education programs regarding cultural competence, sensitivity,  
31 and health literacy have been developed to enhance health professionals' awareness  
32 of how cultural and social factors influence health care, while providing methods to  
33 obtain, negotiate, and manage this information clinically once it is obtained; and

34 WHEREAS, The health care workforce and its ability to deliver quality care for  
35 racial and ethnic minorities can be improved substantially by increasing the  
36 proportion of underrepresented racial and ethnic minorities among health  
37 professionals; and

1 WHEREAS, Health systems should attempt to ensure that every patient,  
 2 whether insured publicly or privately, has a sustained relationship with an attending  
 3 physician able to help the patient effectively navigate the health care bureaucracy;  
 4 and

5 WHEREAS, Equalizing access to high-quality health care plans can limit  
 6 fragmentation in the current health care system, so that public health care payors  
 7 can provide their patients with access to the same health care products as privately  
 8 insured patients; and

9 WHEREAS, Eliminating health care disparities is important in raising the  
 10 overall quality of the nation's health care and because racial and ethnic  
 11 discrimination is intolerable by law, is contrary to moral creed and the health care  
 12 ethic, and generates public disapproval; now, therefore,

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
 14 MARYLAND, That the Laws of Maryland read as follows:

15 **Article - Health - General**

16 **SUBTITLE 8. HEALTH CARE SERVICES DISPARITIES PREVENTION.**

17 20-801.

18 IN ADOPTING THIS SUBTITLE, THE GENERAL ASSEMBLY INTENDS TO  
 19 ENCOURAGE COURSES OR SEMINARS THAT ADDRESS THE IDENTIFICATION AND  
 20 ELIMINATION OF HEALTH CARE SERVICES DISPARITIES OF MINORITY POPULATIONS  
 21 AS PART OF:

22 (1) CURRICULUM COURSES OR SEMINARS OFFERED OR REQUIRED BY  
 23 INSTITUTIONS OF HIGHER EDUCATION;

24 (2) CONTINUING EDUCATION REQUIREMENTS FOR HEALTH CARE  
 25 PROVIDERS; AND

26 (3) CONTINUING EDUCATION PROGRAMS OFFERED BY HOSPITALS FOR  
 27 HOSPITAL STAFF AND HEALTH CARE PRACTITIONERS.

28 20-802.

29 (A) ~~(+)~~ AN INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT  
 30 INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF  
 31 HEALTH CARE PROFESSIONALS IN THE STATE ~~SHALL~~ MAY INCLUDE IN THE  
 32 CURRICULUM COURSES OR OFFER SPECIAL SEMINARS THAT ADDRESS THE  
 33 IDENTIFICATION AND ELIMINATION OF HEALTH CARE SERVICES DISPARITIES OF  
 34 MINORITY POPULATIONS AS REPORTED IN THE FINDINGS OF:

35 ~~(+)~~ (1) THE INSTITUTE OF MEDICINE'S REPORT "UNEQUAL  
 36 TREATMENT: CONFRONTING RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE";  
 37 AND

1                   ~~(H)~~    (2)       THE SURGEON GENERAL'S "HEALTHY PEOPLE 2020"  
2 REPORT.

3                   ~~(2)~~    (B)       THE COURSES OR SPECIAL SEMINARS REQUIRED DESCRIBED  
4 UNDER PARAGRAPH (1) OF THIS SUBSECTION SUBSECTION (A) OF THIS SECTION  
5 SHALL ADDRESS, WITH CULTURAL COMPETENCE, SENSITIVITY, AND HEALTH  
6 LITERACY THE ISSUE OF HEALTH CARE SERVICES DISPARITIES OF MINORITY  
7 POPULATIONS IDENTIFIED BY:

8                   ~~(H)~~    (1)       RACE;

9                   ~~(H)~~    (2)       ETHNICITY;

10                  ~~(H)~~    (3)       POVERTY; AND

11                  ~~(H)~~    (4)       GENDER.

12                  ~~(B)~~    (1)       ~~AN INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT~~  
13 ~~INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF~~  
14 ~~HEALTH CARE PROFESSIONALS IN THE STATE SHALL DEVELOP THE COURSES OR~~  
15 ~~SPECIAL SEMINARS REQUIRED IN SUBSECTION (A) OF THIS SECTION ON OR BEFORE~~  
16 ~~JUNE 30, 2004.~~

17                  ~~(2)~~       ~~AN INSTITUTION OF HIGHER EDUCATION IN THE STATE THAT~~  
18 ~~INCLUDES IN THE CURRICULUM COURSES NECESSARY FOR THE LICENSING OF~~  
19 ~~HEALTH CARE PROFESSIONALS IN THE STATE SHALL IMPLEMENT THE COURSES OR~~  
20 ~~SPECIAL SEMINARS DEVELOPED IN PARAGRAPH (1) OF THIS SUBSECTION ON OR~~  
21 ~~BEFORE JUNE 30, 2006.~~

22                  ~~(C)~~    (1)       ~~A LICENSED AND PRACTICING HEALTH CARE PROFESSIONAL SHALL~~  
23 ~~TAKE A COURSE OR ATTEND A SEMINAR THAT ADDRESSES HEALTH CARE SERVICES~~  
24 ~~DISPARITIES OF MINORITY POPULATIONS AS A CONTINUING EDUCATION COURSE ON~~  
25 ~~OR BEFORE OCTOBER 1, 2004.~~

26                  ~~(2)~~       ~~A LICENSED AND PRACTICING HEALTH CARE PROFESSIONAL SHALL~~  
27 ~~PROVIDE WRITTEN DOCUMENTATION OF ATTENDANCE FROM THE SPONSORING~~  
28 ~~ENTITY OF THE COURSE OR SPECIAL SEMINAR REQUIRED IN PARAGRAPH (1) OF THIS~~  
29 ~~SUBSECTION, TO THE APPROPRIATE LICENSING ENTITY.~~

30 20-803.

31                  A HOSPITAL WITH A CONTINUING EDUCATION PROGRAM MAY OFFER AND  
32 REQUIRE THE HOSPITAL'S MEDICAL STAFF AND HEALTH CARE PRACTITIONERS TO  
33 TAKE A CONTINUING MEDICAL EDUCATION OR CONTINUING EDUCATION UNIT  
34 COURSE THAT ADDRESSES HEALTH CARE SERVICES DISPARITIES OF MINORITY  
35 POPULATIONS.

36                  SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland  
37 read as follows:  
38 ~~20-802.~~ 20-804.

39                  (A)    THE DEPARTMENT, IN CONSULTATION WITH THE MARYLAND  
40 HEALTHCARE FOUNDATION, SHALL DEVELOP AND IMPLEMENT A COORDINATED  
41 PROGRAM DELIVERY SYSTEM PLAN TO REDUCE HEALTH CARE DISPARITIES BASED  
42 ON GENDER, RACE, ETHNICITY, AND POVERTY AMONG THE FOLLOWING ENTITIES,  
43 INCLUDING:

44                  (B)    THE FOLLOWING ENTITIES SHALL BE INVOLVED IN THE DEVELOPMENT  
45 AND IMPLEMENTATION OF THE PLAN:

46                  (1)       THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND;

47                  (2)       THE MONUMENTAL CITY MEDICAL SOCIETY;

- 48 (3) THE NURSE PRACTITIONERS ASSOCIATION OF MARYLAND;
- 49 (4) THE MARYLAND ACADEMY OF PHYSICIAN ASSISTANTS;
- 50 (5) THE MENTAL HYGIENE ADMINISTRATION; ~~AND~~
- 51 (6) THE CENTER FOR POVERTY SOLUTIONS;
- 52 (7) THE MARYLAND HOSPITAL ASSOCIATION;
- 53 (8) AN ACADEMIC MEDICAL CENTER IN THE STATE;
- 54 (9) A MEDICAL SCHOOL IN THE STATE;
- 55 (10) THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH;
- 56 (11) THE MORGAN STATE UNIVERSITY GRADUATE PUBLIC HEALTH  
57 PROGRAM;
- 58 (12) A NURSING PROGRAM IN THE STATE THAT OFFERS A BACHELOR'S  
59 DEGREE IN NURSING;
- 60 (13) A NURSING PROGRAM IN THE STATE THAT OFFERS AN ASSOCIATE'S  
61 DEGREE IN NURSING;
- 62 (14) THE NATIONAL BLACK NURSES ASSOCIATION;
- 63 (15) THE BALTIMORE CITY MEDICAL SOCIETY;
- 64 (16) THE MARYLAND NURSES ASSOCIATION;
- 65 (17) THE UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK;
- 66 (18) THE BALTIMORE PREVENTION COALITION;
- 67 (19) THE MARYLAND ASSOCIATION OF COUNTY HEALTH OFFICERS;

1           (20)    THE MARYLAND HIGHER EDUCATION COMMISSION;

2           (21)    THE MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH  
3 CENTERS; AND

4           (22)    ANY OTHER ORGANIZATION WITH AN INTEREST OR EXPERTISE IN  
5 REDUCING HEALTH CARE DISPARITIES.

6    (C)    THE FOLLOWING ENTITIES SHALL ASSIST THE DEPARTMENT IN  
7 PROVIDING STAFF TO IMPLEMENT THE PLAN:

8           (1)    THE MARYLAND HEALTH CARE FOUNDATION;

9           (2)    THE MORGAN STATE UNIVERSITY GRADUATE PUBLIC HEALTH  
10 PROGRAM;

11          (3)    THE JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH; AND

12          (4)    THE MONUMENTAL CITY MEDICAL SOCIETY.

13    ~~(B)~~ (D)    THE COORDINATED PROGRAM DELIVERY SYSTEM PLAN SHALL  
14 INCLUDE RECOMMENDATIONS TO COORDINATE EXISTING PROGRAMS RELATED TO  
15 HEALTH CARE DISPARITIES BY:

16          (1)    ~~UTILIZE AND ALLOCATE~~ IDENTIFYING AVAILABLE FUNDING  
17 ~~EFFICIENTLY AND EFFECTIVELY;~~

18          (2)    ~~CLOSE~~ IDENTIFYING ANY GAPS IN SERVICE DELIVERY BASED ON  
19 GENDER, RACE, ETHNICITY, AND POVERTY;

20          (3)    ~~REDUCE~~ REDUCING THE DUPLICATION OF AVAILABLE HEALTH CARE  
21 ~~SERVICES; AND~~

22          (4)    ~~REDUCE~~ REDUCING THE FRAGMENTATION OF HEALTH CARE  
23 ~~SERVICES; AND~~

24          (5)    IDENTIFYING OUTCOME MEASURES TO REDUCE HEALTH CARE  
25 DISPARITIES.

26    (E)    BY SEPTEMBER 30, 2004, THE DEPARTMENT AND THE ENTITIES LISTED IN  
27 SUBSECTION (B) OF THIS SECTION SHALL:

28          (1)    (I)    EXAMINE CURRENT CONTINUING EDUCATION PROGRAMS  
29 OFFERED BY HOSPITALS AND PHYSICIAN ORGANIZATIONS IN THE STATE THAT ARE  
30 FOCUSED ON HEALTH CARE DISPARITIES; AND

31                    (II)   EXAMINE CURRENT CONTINUING EDUCATION REQUIREMENTS  
32 OF HEALTH OCCUPATION BOARDS;

33          (2)    DETERMINE THE CONTENT OF A MODEL COURSE OR SEMINAR THAT  
34 ADDRESSES HEALTH CARE SERVICES DISPARITIES OF MINORITY POPULATIONS;

1           (3)    ASSESS THE FEASIBILITY OF REQUIRING CERTAIN HEALTH CARE  
 2 PROVIDERS TO TAKE THE COURSE OR SEMINAR; AND

3           (4)    IDENTIFY THE OVERSIGHT THAT WOULD BE REQUIRED BY A HEALTH  
 4 OCCUPATION BOARD IN ORDER TO DETERMINE COMPLIANCE WITH CONTINUING  
 5 EDUCATION REQUIREMENTS CONCERNING HEALTH CARE DISPARITIES.

6    ~~(C)    THE DEPARTMENT SHALL IMPLEMENT THE COORDINATED PROGRAM~~  
 7 ~~DELIVERY SYSTEM REQUIRED UNDER SUBSECTIONS (A) AND (B) OF THIS SECTION ON~~  
 8 ~~OR BEFORE SEPTEMBER 30, 2004.~~

9    ~~(D)~~    (F)    THE DEPARTMENT SHALL SUBMIT A REPORT TO THE GOVERNOR  
 10 AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, THE SENATE  
 11 EDUCATION, HEALTH, AND ENVIRONMENTAL AFFAIRS COMMITTEE AND THE HOUSE  
 12 HEALTH AND GOVERNMENT OPERATIONS COMMITTEE BY SEPTEMBER 30 OF EACH  
 13 YEAR, ON THE IMPLEMENTATION OF THE COORDINATED PROGRAM DELIVERY  
 14 SYSTEM. THE DEVELOPMENT AND IMPLEMENTATION OF THE PLAN TO REDUCE  
 15 HEALTH CARE DISPARITIES.

16 ~~20-803.~~

17    ~~(A)    A HOSPITAL WITH A CONTINUING EDUCATION PROGRAM SHALL OFFER~~  
 18 ~~AND REQUIRE THE HOSPITAL'S MEDICAL STAFF AND HEALTH CARE PRACTITIONERS~~  
 19 ~~TO TAKE A CONTINUING MEDICAL EDUCATION OR CONTINUING EDUCATION UNIT~~  
 20 ~~COURSE THAT ADDRESSES HEALTH CARE SERVICES DISPARITIES OF MINORITY~~  
 21 ~~POPULATIONS AT LEAST ONCE EACH YEAR.~~

22    ~~(B)    THE CONTINUING MEDICAL EDUCATION COURSE REQUIRED UNDER~~  
 23 ~~SUBSECTION (A) OF THIS SECTION, SHALL COMPLY WITH THE CRITERIA AND~~  
 24 ~~GUIDELINES SET FORTH BY THE MEDICAL AND CHIRURGICAL FACULTY OF~~  
 25 ~~MARYLAND AND MONUMENTAL CITY MEDICAL SOCIETY'S STEERING COMMITTEES~~  
 26 ~~PROGRAM ADDRESSING HEALTH CARE SERVICES DISPARITIES OF MINORITY~~  
 27 ~~POPULATIONS.~~

28    SECTION ~~2-~~ 3. AND BE IT FURTHER ENACTED, That:

29    (a)    The Department of Health and Mental Hygiene, in consultation with the  
 30 Mental Hygiene Administration, the Alcohol and Drug Abuse Administration, the  
 31 AIDS Administration, and the Advisory Council on Heart Disease and Stroke, shall  
 32 submit a report to the Senate Education, Health, and Environmental Affairs  
 33 Committee and the House Health and Government Operations Committee on or  
 34 before September 30, 2004, in accordance with § 2-1246 of the State Government  
 35 Article, on recommendations and implementation plans for closing gaps in health  
 36 services delivery and financial access to health services based on race, poverty,  
 37 gender, and ethnicity.

38    (b)    The report shall include:

1 (1) cultural competency ~~and~~, sensitivity, and health literacy guidelines  
2 based on race, poverty, gender, and ethnicity for health care providers participating in  
3 State-funded programs;

4 (2) standards for screening, diagnosing, and referring to a mental health  
5 care provider, a patient with a mental health condition to determine if the patient has  
6 a co-occurring chronic illness;

7 (3) guidelines for the screening, diagnosing, and referring to the  
8 appropriate health care provider of patients diagnosed with HIV/AIDS;

9 (4) identification of existing cardiovascular disease prevention and  
10 treatment programs that have demonstrated success in the education, prevention,  
11 and treatment of cardiovascular disease with quantifiable standards; ~~and~~

12 (5) identification of existing cancer prevention and treatment programs  
13 that have demonstrated success in the education, prevention, and treatment of cancer  
14 with quantifiable standards; and

15 (6) identification of existing diabetes programs that have demonstrated  
16 success in the education, prevention, and treatment of diabetes with quantifiable  
17 standards.

18 SECTION ~~3.~~ 4. AND BE IT FURTHER ENACTED, That this Act shall take  
19 effect October 1, 2003. Section 2 of this Act shall remain effective for a period of 5  
20 years and, at the end of September 30, 2008, with no further action required by the  
21 General Assembly, Section 2 of this Act shall be abrogated and of no further force and  
22 effect.